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**OF**  
**PRACTICAL MEDICINE AND SURGERY**

FOR THE USE OF MEDICAL PRACTITIONERS

FOUNDED BY

**LUCAS-CHAMPIONNIÈRE, M. D.**

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**H. CHAILLOU, M. D.**

CHIEF EDITOR.

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By D. Mc CARTHY, M. D. and A. SPIERS, Ph. D.

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# CHAMPIONNIÈRE'S JOURNAL OF PRACTICAL MEDICINE AND SURGERY

H. CHAILLOU, M. D., EDITOR.

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## ART. 6080.

*Public health. — Fresh paint. — Filtering and cooling apparatus. — Agricultural colonies for lunatics. — Reproduction of bone. — Disadvantages of premature vaccination in new-born infants.*

Several communications relative to public health have recently been made to the Academies of Sciences and of Medicine.

— In another part of our Journal will be found a few extracts from a paper presented to the Institute by Mr. Leclaire, a house-painter, on the effects of turpentine emanations. Mr. Leclaire has no pretensions to learning; but as Mr. Chevreul observed, the scientific tendencies of his mind are unquestionable. This respectable artisan has made experiments on animals, placed in deal boxes of a cubic yard in size, the interior of which had been painted, some with white lead, others with white zinc, both diluted with essence of turpentine, and he observed that the animals were not visibly affected provided a draught of air was caused to pass through the cases. They suffered for the first twelve hours, when the current of air had been stopped, but soon gradually recovered. None manifested any discomfort after the paint was perfectly dry. The proper airing of rooms freshly painted is therefore the precaution requisite for the protection of painters and inhabitants. Mr. Leclaire has in addition demonstrated that water absorbs the vapours of turpentine, and thus accounts for the traditional use of wet hay under such circumstances.

— One of our most industrious fellow-practitioners, Mr. Burq, has submitted to the appreciation of the same learned Society a new apparatus for filtering large masses of water. We much regret our inability to present to our readers the models and drawings, which the author exhibited before the Academy; they would show more clearly than the best description how this apparatus, founded on



the principle of the *alcarazas*, unites the practical advantages required by the treble problem of clarifying, airing and cooling running water. Mr. Burq's filter is a column of steps constituted by the superposition of three cast iron frusta of pyramids, closely resembling gas-lamps. Each face of these three lanterns is in open work, and supplied in the interior with lias porous plates, so arranged that the water, which penetrates the column, cannot escape, except through these partitions. Four similar columns are placed beside each other, and are joined by connecting pipes; the first is filled with charcoal, the others are empty. The clarification is performed in the column containing the charcoal. The water, when purified, runs out through the aperture of the open-work of each face, after having passed through the porous partition. It falls like a cascade and becomes saturated with oxygen, which airs it abundantly. A very active *evaporation*, induced by a current of air, contrived in the filter-box, acts on the water, which oozes through the porous partition, and lowers the temperature.

A filtering apparatus, sufficient for the necessities of any consumption, may be obtained, at a trifling expense, by collecting a number of groups of filters. Mr. Burq affirms that an apparatus of nine feet high by three, of mean section, and consequently having about 33 feet of filtering surface, subjected to an average pressure of 3 or 4 yards, does not filter less than 654 cubic feet of water in twenty-four hours.

We trust that this result may be confirmed by adequate experiments, and the particular attention which Marshal Vaillant has devoted to the examination of this filter induces its inventor to hope that, in this circumstance, the support of the authorities will not be withheld.

— From among the various matters submitted to the judgment of the Academy of Sciences, we select a memoir by Mr. Brierre de Boismont on colonization applied to the treatment of the insane. In this paper, the learned alienist exhibits the advantages of treatment in the open air, or of colonization, for lunatics, and points out the principal dispositions of the colony of Gheel in Campine, and of that of Fitz-James in the Department of The Oise.



The short description, which Mr. Brierre de Boismont has given of the latter, will not be read without interest.

The appearance of the asylums, says he, is that of a large agricultural establishment, and suggests no idea of its real character. Confinement does not exist at Fitz-James. Here are to be found no guarded doors, no barricaded windows, no secret locks, dark cells, or hermetically closed buildings. The establishment is not however destitute of supervision, but it is exercised by intelligent persons, who have none of the insignia of jailers, and by quiet colonists, who are rewarded, when they have prevented an escape or a suicide.

306 lunatics, convalescent, curable and incurable, inhabit the colony. Of this number, 49 participate but little in the manual occupations. The labour is divided between 170 men and 87 women (together 257); of the former 60 are engaged in agriculture; the others attend to the many duties of a large farm. The women are exclusively occupied with washing. These 306 patients are under the care of an administrative staff of 45 individuals.

All useful implements of agriculture are placed in the hands of these colonists or work before them; and the assist in the trial of *mowing* and *reaping machines*, patients in new processes of cultivation, in the care of breeding animals, etc.; so that the convalescent, on leaving the colony, can, when intelligent, avail themselves of the knowledge thus acquired, to improve their position.

— The following is a new case of regeneration of bone, interpreted in favour of Mr. Flourens's doctrine. Mr. Lamare-Piquot, a worthy veteran of the medical profession, and whose hand, despite the weight of his seventy-five years, is still very light and skilful, has just announced to the Academy of Sciences that he shall present to the learned Society in a few days a young man walking without crutches, and in whom he removed this year a considerable part of the shaft of the tibia, but leaving the periosteum. Mr. Flourens has seen the patient and has ascertained that the bone is now in process of regeneration.

Mr. Lamare-Piquot states that his patient was for



37 days placed under the influence of irrigations at the temperature of from 68 to 73° (Fahrenheit). He at first proceeded very satisfactorily, but accidents ensued due to the suppuration, caused by the presence of splinters. A great number of these had to be removed in addition to the principal fragment, which the author has appended to his communication. After many vicissitudes, the straightness of the limb, which the muscular action had a tendency to destroy, was restored, and the interval between the two extremities of the tibia is now rapidly filling up.

“ The new bone, ” says Mr. Lamare-Piquot, “ is not a master-piece of art. Instead of a ridge to form the crest of the tibia, a flat surface, 2 inches broad, now exists. By its upper and lower extremities, the new bone is perfectly united with the epiphyses provisionally formed at the junction of the extremities of the two portions of the tibia, which were left in their places. In time, this regeneration will become solid and the patient will have a leg, adequate to the full performance of its functions. ”

In this case, to which we shall shortly revert, Mr. Lamare-Piquot declares that the reproduction of the bone is due to the periosteum alone, and even to some of its shreds.

On the other hand, Mr. Sédillot expresses himself as follows on the same subject in a letter addressed, a fortnight since, to the President of the Academy :

“ The question of the regeneration of bone, transported by a rational progress from the domain of experimental physiology to clinical surgery, especially claims careful observation and the duty of surgeons is to increase the number and varieties of the illustrations, for the purpose of extending the limits of art, and of realizing the magnificent programme of the eminent Perpetual Secretary of the Academy. None question the facility of the regeneration of bone consequent on necrosis; but with its pathological conditions we are but imperfectly acquainted. I have proposed to myself, in several communications made to the Academy, to show that the reproduction of bone failed in the points at which the periosteum was affected with suppurative inflammation, and I thus explained the formation of cloacæ (losses of substance met with in newly formed bone). Such observations prove the danger of dissecting the periosteum and of detaching it from the bony surfaces, since an almost inevitable suppuration impedes the reproduction, by converting into globules of pus the embryo cells, the osteoplastic formation of which is checked until the periosteal membrane has been reconstituted. ”



From a case of necrosis of the femur, which he records, Mr. Sédillot deduces the following inferences :

“ 1. Superiority of operations in which the connection of the periosteum with the subjacent layers of bone is preserved.

“ 2. Condemnation of procedures in which the periosteum of the bony surfaces in contact is dissected and isolated.

“ 3. Failure of the attempts at regeneration of bone by the periosteum detached from splinters in the seat of fractures ;

“ 4. Absence of reproduction by cylinders of periosteum preserved around amputated bones ;

“ 5. Absence of regeneration of bone in cases of pseud-arthritis treated by excision with preservation of a sheath of periosteum.

“ 6. Failure of the regeneration of bone by isolated portions of periosteum preserved in the wound after excisions. ”

That this communication is in harmony with the cases observed we will not presume to deny ; but we deem its deductions somewhat too exclusive.

It should however be observed that Mr. Flourens's doctrine still meets with serious opposition. Mr. Straus-Durkheim, among others, in a remarkable article published in the *Moniteur des Sciences*, defends the thesis of development of bony tissue by intus-susception, by forcible arguments. The recent successful operations would seem to be more satisfactorily accounted for by this view than by that of Mr. Flourens, as, in certain cases, the periosteum, being destroyed or much impaired, must have been inadequate to the part ascribed to it.

When a bone is fractured or removed, says Mr. Straus-Durkheim, the portions, vitally connected with the adjacent organs, secrete from their injured surface, at first a merely gelatinous substance, in which calcareous matter is afterwards deposited, to impart to it the required consistency. Thus the various fragments are anew united to each other ; others, more or less distant in consequence of the mutilation, are similarly elongated at their extremities, until they meet, and blend with each other, in order to reconstitute the entire of the part removed, by moulding themselves, to resume its form, in the sheath supplied by the preserved periosteum. At the same time the bony particles, recently generated on the surface of the latter, enter into the composition of the regenerated part of the bone, in the same manner



as for the larger fragments, a reproduction entirely similar to that of the tendo Achillis divided in the operation for clubfoot, in which both ends are more or less distant from each other.

We shall confine ourselves to the foregoing remarks, which might easily be multiplied, as will be seen by a letter from a learned fellow-practitioner, which will be found in our correspondence. It appertains to surgeons, enlightened by the results of operations, to pronounce on the value of the facts and contradictory objections adduced in this important question which was mooted by Mr. Flourens.

— Many medical practitioners censure the practice of vaccination in the early stages of infancy. Messrs. Bousquet, Danyau, N. Guillot are still, in this respect, of the opinion of Baron, who thought that the principal disadvantage of premature vaccination is that it promotes the development of erysipelas, a very formidable disease in infants. The subject is not new; and if quite recently Mr. Barthez has again brought it forward before the Medical Society of the Hospitals, it is solely because this practice, condemned by eminent physicians, obtains not only at the hospital for infancy, but likewise in several obstetrical wards of the hospitals of Paris, and the effects of the practice appear to Mr. Barthez to call for his, in some measure, official interference.

Thus as Inspector of the registration of deaths, Mr. Barthez has several times certified to the death of children aged from two to four weeks, the fatal issue being attributed by the parents to premature vaccination. The recriminations, on such occasions, were perhaps unfounded, but from the apprehension of their gaining ground and compromising vaccination, or perhaps with the idea that some reform is required in the practice of early vaccination, Mr. Barthez embodied his remarks in a report to the competent authorities and previously presented it for the consideration of the Medical Society of the Hospitals.

The cases recorded in this report, although summarily related, are yet favorable to the opinion which proscribes early vaccination. The author participates in this view and thinks that new-born infants being occasionally, on



account of their debility, unfit for vaccination, it is prudent to delay the operation until they have attained the age of six weeks or two months.

In the debate which arose on this communication, Mr. Barthez's opinion was defended by Mr. Blache, who formerly inclined to very early vaccination; but having observed that this practice sometimes induces inflammation, deep ulceration, and even, though less frequently, erysipelas, he has made it a rule no longer to vaccinate children in the first few days after their birth. Messrs. Legroux and Béhier, on the contrary, vaccinate children born two days before in their wards, lest they should take smallpox. Mr. Béhier has never met with any evil consequence from this system, but Mr. Legroux has been less fortunate; and it is only by reducing to one the number of pustules for each arm, that he has been able to avert the dangers described by Mr. Blache.

The question proposed by Mr. Barthez will be examined anew by a committee; but it appears to us to be already permissible to conclude from this gentleman's report and from the subsequent discussion, that if fear of variola legitimizes premature vaccination in hospitals, it is more prudent in private practice to imitate Mr. Blache and to postpone vaccination to the sixth week.

#### ART. 6081.

#### HOSPITAL SAINTE-EUGÉNIE

(Dr. Bouchut's clinical conferences.)

#### *Exhibition of chloroform for biliary calculus, hepatic colic and nervous disorders.*

We stated in a recent number that a child suffering from epileptic vertigo was relieved by Mr. Bouchut, by the exhibition of daily enemas containing chloroform. The enema consisted of :

Chloroform . . . . .	2 dr.
Alcohol. . . . .	2 $\frac{1}{2}$ oz.
Distilled water. . . . .	8 oz.

The remedy caused some slight abdominal heat, a



trifling amount of giddiness, a sort of transitory intoxication, but *no anæsthesia whatever*, and yet the vertigo was checked by this treatment combined with the administration of santonine. Mr. Bouchut, from experiments both on animals and on the human subject, concludes that chloroform, when introduced in a state of solution into the digestive organs, loses the power of producing anæsthesia which it enjoys when inhaled. Chloroform and ether, exhibited in doses of 15, 30, and 45 grains, are absorbed, and may be found in abundance in the renal secretion; but no anæsthetic or hypnotic effects are to be expected. At most some slight giddiness and diminution of common sensation are induced.

This, in certain respects, is to be regretted; but, on the other hand, considerable latitude is thus obtained in the use of drugs which, by their chemical action on fatty substances and their mild effects on the nervous system, may be advantageously resorted to in the treatment of *biliary calculus* and *neurosis*.

Following the precept and example of Durande, the profession has hitherto frequently had recourse to ether mixed with essence of turpentine for the treatment of biliary concretions and of the hepatic colic they occasion. Both these substances are fair solvents of cholesterine, hence their popularity in medical practice. This action however is different when chloroform is substituted for ether.

The dissolving power of chloroform is remarkable, and infinitely superior to that of ether. In twenty-four hours the half of a yellow biliary calculus was dissolved in a fluid containing half a drachm of chloroform, whereas the other half, which had been placed in a solution of ether of equal strength was but very slightly affected, and the liquid remained almost colourless. Chloroform therefore dissolves cholesterine at a low temperature much more rapidly than ether, under equal circumstances of weight and temperature.

This important result induced Mr. Bouchut to prescribe chloroform in a case of hepatic colic caused by the presence of gall-stones, and the attempt made in November 1860 proved fully successfull. For the seventh time



in a period of two years, Mr. V.... was seized with violent epigastric pain, extending to the hypochondria; the pain lasted two days and was allayed by opium. After its cessation, the following syrup of chloroform was prescribed :

Chloroform . . . . .	2 drachms.
Alcohol . . . . .	2 $\frac{1}{2}$ oz.
Syrup. . . . .	1 pint.

The quantity of the remedy exhibited amounted to half a drachm of chloroform daily, for one month, at the expiration of which Vichy water (Grande Grille) was substituted in its place for a similar space of time. The syrup was then resumed, one fourth of a drachm of the chloroform being taken daily. Mr. V.... has continued up to the present day these monthly alternations of chloroform and Vichy water, and no symptom of the disease has recurred for the last seven months.

Several cases of chorea have been advantageously modified, in Mr. Bouchut's wards, at Ste Eugenie, by chloroform enemmas. We have recorded one instance of epileptic vertigo which was much benefited by the same method, and a complete cure has been effected in several cases of neuralgia.

To obtain a preparation of chloroform, not liable to change and which may be mixed in all proportions with water, wine or syrup, Mr. Bouchut recommends alcohol, a menstruum far preferable, in his opinion, to glycerine in which the active ingredient is not dissolved, but suspended. Alcohol, says he, is the only true solvent of chloroform, and if the two substances are mixed in proper proportions, a fluid of known strength is obtained, which mixes well in water. Thus enemmas or mixtures containing from half a drachm to one drachm of perfectly dissolved chloroform can be easily exhibited, and the ingredients will separate, when only the preparation has been imperfect. We annex Mr. Bouchut's formula :

Chloroform. . . . .	15 grains.
Alcohol. . . . .	2 drachms.



Mix, and shake the solution; to be added to wine, water or syrup.

The proportion is one part of chloroform for eight of proof-spirit. Half a drachm of the former requires half an ounce of alcohol, and so on : one drachm of chloroform for an ounce and a half of spirit.

This mixture added to simple syrup yields a perfectly unchangeable preparation. Mr. Bouchut has preserved it for months entirely unaltered. Mixed in small quantities even with indifferent wine, it improves considerably its flavour, and forms with water a kind of not unpleasant lemonade.

We have described above the chloroformic syrup. For children, the quantity of the remedy is reduced from one drachm to half a drachm for half an ounce of spirit, and a pint of syrup. We consider the two following prescriptions equally useful :

*Chloroform wine.*

Chloroform . . . . .	$\frac{1}{2}$	to 1 dr.
Spirit. . . . .	$\frac{1}{2}$	to 1 oz.
Red or white wine. . . . .		1 pint.

*Chloroform water.*

Chloroform. . . . .	$\frac{1}{2}$	dr.
Spirit . . . . .	$\frac{1}{2}$	oz.
Common water. . . . .		10 oz.

The latter is an excellent beverage. It can be weakened at will by the addition of more water and thus rendered more agreeable to some tastes.

The same system can be adopted with ether, and an ether-syrup, wine or elixir prepared in the same manner, containing in a state of solution a larger amount of ether than has ever yet been obtained by any previous method. But whether chloroform or ether be used, it is not unimportant to know that the solution of both agents acts more rapidly when exhibited in enemas, than in any other manner.



## ART. 6082.

## HOTEL-DIEU.

(Professor Jobert de Lamballe's wards.)

*Double congenital cataract existing simultaneously in a brother and sister; cure by couching.*

In a recent clinical lecture, Mr. Jobert de Lamballe alluded to a pathological coincidence which is not unexampled, but yet is sufficiently unusual to be deserving of record. Two children, a brother and sister, aged respectively seven and four and a half years, both afflicted with congenital cataract, were operated on by the same procedure, and both cured of the infirmity with which they had been born.

The constitution of the children was sound, and their development natural; their mother stated that they never had been ill. With respect to her, her pregnancies had always proceeded favourably, and she had never presented any symptom which might lead to the least presentiment that she would give birth to blind children. When the little patients were brought to Mr. Jobert, he at once remarked the very frequent oscillation of the eyeballs which moved almost uninterruptedly from one side to the other. No epiphora accompanied this nystagmus which occasioned no perceptible fatigue or inconvenience. The motion of the lids was perfectly free, and none of the ocular muscles appeared to predominate in power over the others.

If you seek for the origin of these cataracts, said Mr. Jobert, you can detect the operation of none of those causes which authors have enumerated as likely to produce them, such as convulsions, muscular spasmodic action, or ophthalmia; we are compelled to ascribe them to imperfect development of the lens, which gradually brings on opacity.

At first the lens alone suffers, but as the children grow, changes take place in the eye, and its original condition is much altered; the cataract always becomes also capsular, but never hard.



Of a milky white colour, the lens, which at first may have suffered in its cortical portion only, is gradually invaded by ramollissement, and the cataract becomes interstitial and soft. This condition increasing daily, the capsule bulges forward, and after a few years the superficial layers of the lens are destroyed by absorption; the capsule then shrinks, its layers blend into one another, and give rise to what has been called the dry flinty cataract. In some few exceptional cases, they may even become osseous and produce the condition designated by the name of bony cataract. These successive periods have in general been traversed when the patient attains 15 or 20 years of age. The changes we have described are of course attended with corresponding diminution of the power of vision. Thus, at first the function may not be entirely abolished, and in the two children above alluded to the faculty of distinguishing day from night was retained; indeed the boy had preserved the impression of colour. But in proportion as the subjects grow older, sight is more and more obscured, and blindness is usually complete at the age of twenty.

In both our patients the iris was free from adhesion and perfectly movable under the influence of light, although less than in the natural state; the pupils dilated and contracted more slowly, it is true, but by the instillation of a few drops of a solution of daturine (1) into the eyes, the field of the pupil was sufficiently enlarged to allow of a more complete investigation of the interior of the organ. Behind the iris was observed a whitish protruding body, but without any ciliary circle, or projected shading. This was the lens, which intercepted the rays of light and prevented them from reaching the retina. In both children intelligence was perfect, the spirits excellent and the infirmity seemed not to have affected their temper in the least.

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1. For some time, Mr. Jobert has substituted solutions of daturine for preparations of belladonna. He prefers the former for the following reasons: 1. Being three times more powerful than atropia and its compounds, the doses required are three times smaller; 2. Daturine causes no pain when instilled into the eyes, and does not, like extract of belladonna, disturb vision; 3. The effects of daturine are more reliable and enduring than those of belladonna.



As the phenomena we have enumerated succeed each other in a period of twenty years, congenital cataract should be removed at an early age.

Although the natural indocility of children may add to the difficulties of the operation, the surgeon must bear in mind the great advantage of restoring sight at an early age. Delay not only retards the development of the mind, but causes additional risk, by permitting the inactivity of the retina and optic nerve to last so long that they may become incapable of regaining their power.

With regard to the choice of a procedure, the Professor is of opinion that extraction must not be thought of, on account of the mobility of the eyes and the waywardness of infancy. Couching, on the contrary, is perfectly indicated; the softness of the lens, and the tendency to absorption, which in childhood renders mere division of the capsule sufficient to effect a cure, must induce the hope of a felicitous result, an anticipation which, in the case of the two children whose history we have related, was fully realized.

Both were operated on in the same manner and on either side, and no untoward accident retarded the cure. On the eighth day the eyes were uncovered and were found translucent; vision at first was somewhat dim, but gradually became more and more distinct, and after a few days, the notions of size and configuration of external objects were very accurate; the oscillation of the eye-balls yielded by degrees, light caused no painful impression, and both children have left the hospital endowed with a new sense, of which they seemed doomed to be deprived for ever.

D<sup>r</sup> BRUN.

#### ART. 6083.

#### MUNICIPAL HOSPITAL.

(Dr. Demarquay's wards.)

*Melanic cancer of the rectum; excision; precautions against hemorrhage.*

From its nature, cancer of the rectum is doubtless a disease of the greatest importance and moreover, by its



interference with defecation, may bring on symptoms of a fatal character. The anatomical change is occasionally situated beyond the range of the surgeon; or an operation is sometimes absolutely forbidden by the presence of glandular enlargements. In some less disastrous cases however, the affection consists in a well limited tumour which instruments can readily reach, and hopes may not unreasonably be entertained of removing the morbid growth. The operation however is, it must be acknowledged, one of the most hazardous of all surgical procedures, and likewise extremely delicate on account of the vast number of blood-vessels with which the region is supplied; and further, when the surgeon has succeeded in removing the tumour and in guarding against hemorrhage, he must also take measures to prevent the infiltration of the contents of the intestines into the cellular tissue, and the phlegmonous inflammation such a circumstance would inevitably occasion. These numerous indications had been carefully weighed and most skilfully met by Mr. Demarquay in a case recently under his care, and although the operation performed by him was not recompensed by success, it deserves to be recorded, as a proof of the possibility of removing with the knife a certain extent of the rectum, without exposing the patient to the risk of fatal hemorrhage.

A man, aged sixty-three, who had always enjoyed excellent health, but who, for two months, was labouring under obstinate constipation and a sense of weight in the anus, was admitted towards the end of the month of June into the wards of Mr. Demarquay in the Municipal Hospital of the Faubourg Saint-Denis. He stated that enemas no longer passed into the intestines and that he was under the necessity of taking aperient medicine in order to obtain any relief from the bowels. The insertion of the finger did not lead to the detection of any disease in the immediate vicinity of the anus, but somewhat deeper, on the posterior aspect of the dilatation of the rectum, a hard irregular tumour was discovered, of the size of a hen's egg, and easily circumscribed in its entire circumference: the rectum was perfectly healthy in front and laterally. Palpation of the anterior abdominal wall failed to detect



any tumour in the pelvis; nor could any be discerned along the course of the colon or in any other part of the belly. In the right inguinal fold a few enlarged lymphatic glands were slightly prominent, together with a rupture habitually supported by a truss.

The sensation of weight complained of in the anus, the obstinate costiveness, coupled with the presence of a hard irregular tumour of the size of an egg in a person advanced in years, pointed distinctly to the existence of cancer of the rectum, and as the finger ranged easily around its entire margin, it was considered accessible to surgical instruments. As, moreover, no induration was perceptible in any part of the anus, the surgeon concluded that it would be possible to leave the sphincter unscathed during the operation, and that no incontinence of the feces would follow the excision, an inevitable consequence of the removal of the muscle. As to the enlargement of the inguinal glands, Mr. Demarquay observed that they were not indurated, that their presence might with some reason be referred to the long-continued pressure of the truss, and therefore that their presence did not constitute a formal interdiction of an operation, which was the only chance of safety left in the case.

On Saturday, June 23rd, the patient was placed in a prone attitude over a double mattress, and chloroform was exhibited with all the caution necessary in this position. By a semi-circular incision the sphincter was separated from the os coccygis, and the rectum detached in its posterior part. With a hook the tumour was then gradually brought down and caused to revolve on its horizontal axis backward and downward. The growth, being firmly secured with ligatures inserted above with Deschamps's needle, was completely separated from the bowel, and the blood-vessels tied as recommended by Lisfranc, and as Mr. Denonvilliers has several times done. A few lateral arteries were likewise taken up. By means of the ligatures inserted above the tumour, the rectum was gently brought down into the external wound and with several threads the intestine was joined to the skin, a procedure which not only maintained the bowel in its new situation, but was further calculated to prevent infiltration of fecal



matter into the cellular tissue, an untoward accident carefully to be guarded against in operations on the lower part of the rectum. Professor Velpeau is the originator of this procedure.

In the course of the day plugging of the anus became necessary in consequence of hemorrhage.

The plug was removed on the following day, and the condition of the patient seemed satisfactory, when the pulse sank, extreme prostration gradually ensued, the surface became cold and he expired on the 1st of July, forty-eight hours after the operation.

The tumour has been inspected with the microscope by Dr. Luys, who conceives it to have been of the nature of melanic growths (1). In this respect also, the case is one of additional interest, melanosis being seldom observed in the rectum, which is more frequently invaded by scirrhus, encephaloid, or colloid and epithelial cancer.

PARMENTIER, M. D.

## ART. 6084.

### HOSPITAL OF LOURCINE.

(Dr. Alph. Guérin's clinical conferences.)

#### *Gonorrhœa in women; leucorrhœa.*

Is intercourse with a woman, immediately after menstruation, capable of giving rise to gonorrhœa? Mr. Gué-

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(1) The details supplied by Dr. Luys are as follows :

“ The texture of this dark coloured tumour is that of a hard stroma, irregularly indurated, and giving issue on pressure to a few drops of a brownish fluid. This structure consists in a morbid development of cellular and elastic fibres loosely connected. The interstices are filled with an enormous number of minute cells with one or two nuclei. Their general form is globular. They present but little tendency to elongate into fusiform fibres or to condense in fibrous fasciculi; but are chiefly remarkable for the variable amount of granular pigment they contain. This matter was also met with in a free state under the aspect of brown granules.”

Mr. Luys has not distinctly detected any hematine crystals, and is not therefore in a position to assert that the colouring matter originated in previous hematic deposits.

The Editor.



rin does not deny that the uterine and vaginal secretions at this period are peculiarly acrid, but he conceives that their contagious properties have been much exaggerated. Married as well as single men are exposed to this alleged cause of gonorrhœa, and yet a husband is never thus affected after approaching his wife. Exceptions to this rule are few, and would lead him rather to suspect the virtue of the lady or the veracity of the gentleman.

As to cancer of the cervix, all practitioners are aware that a woman labouring under this affection can live for a long time on terms of the closest intimacy with her husband, without either party suspecting the existence of organic disease. From personal observation, Mr. Guérin is inclined to believe that if the cancerous fluid can really generate urethritis, it is only in exceptional instances.

Urethral or vaginal discharges may doubtless follow the agency of any active local irritation; the experiment of Swediaur, who injected ammonia into his urethra, is a sufficient demonstration of the fact. But the illustrious physiologist did not show if the matter secreted by such artificially induced inflammation was capable of generating urethritis in another subject.

As to the varieties of gonorrhœa designated as herpetic, arthritic, gouty, etc., in spite of some cases which have been placed on record, they are the object of legitimate doubt.

The same remark applies to gonorrhœa ascribed to the effects of secondary syphilis.

As complications of vaginitis we may note metritis, inflammation and ulceration of the cervix, and less frequently ovaritis, also local peritonitis, and phlegmon of the broad ligaments.

Ophthalmia, Mr. Guérin has never met with, even once, at Lourcine, during four years. In the same space of time a single instance of gonorrhœal arthritis was observed.

In the treatment of vaginitis, two elements claim the attention of the practitioner, namely, the inflammatory action and the virulence. The former, Mr. Guérin subdues by baths of five or six hours' duration, and injections at first emollient and subsequently astringent.



Blood-letting is almost invariably improper on account of the chloro-anemic condition of the women admitted into hospital. The virulence of the disease he contends with by attempts to modify the secreting surfaces with injections, and the direct application to the mucous membrane of brushes impregnated with medicated solutions, or of plugs. The injections he conceives to be most efficacious are water saturated with alum, or a solution of from 8 to 15 grains of sesqui-chloride of iron in three and a half ounces of water. When the orifice of the vagina is somewhat contracted, he recommends the patient to endeavour to retain a portion of the following liquid :

Extr. Rhataniæ. . . . .	1 $\frac{1}{2}$ to 2 dr.
Aquæ. . . . .	6 oz.

In general, each practitioner has his own favourite prescription, but the surgeon of Lourcine scarcely ever uses nitrate of silver injections, which require a large quantity of fluid and indelibly stain the linen.

When the amount of inflammation is sufficiently moderate to admit of the use of the speculum, he paints the entire surface of the vagina with a strong solution of nitrate of silver (half an ounce to one ounce of water). This little operation, repeated several times, usually induces satisfactory results.

The introduction of a bag of cotton wadding containing a tea-spoonful of alum is, in Mr. Guérin's opinion, the most effective measure which can be adopted in vaginitis. But it is essential that the plug be placed and maintained in the posterior cul-de-sac of the vagina, where the last traces of inflammation seek refuge. The patient must keep her bed, and the wadding remain undisturbed for four or five days at the least. One application, well made, in general effects a cure.

In chronic cases, local treatment must be assisted by the internal exhibition of bitters and chalybeates.

Cubebs and balsam of copaiva, which are so notoriously useful in gonorrhœa in the male, are almost destitute of power for the same affection in the female sex. The depth and direction of the follicles of the urethra prevent the



requisite contact between the urine charged with the medicinal agent and the diseased parts of the mucous membrane. Chopart's mixture, the various electuaries in repute, are utterly insufficient, and to produce any beneficial effect, should be continued with a degree of perseverance which may not be entirely innocuous. Copaiva occasionally induces a special sort of eruptive fever, and requires, in order to have its full power, that the patient should greatly decrease the amount of his drinks, and refrain from bathing, both valuable resources, for the privation of which copaiva affords no sufficient compensation. Mr. Guérin for these reasons rejects the use of balsamics in women, and merely prescribes frequent and protracted emollient baths. In women urethral inflammation chiefly occupies the meatus, and more especially the folds of its anterior follicles. In general it yields readily to the injection of a weak solution of nitrate of silver (a grain to the ounce), or to the direct application of lunar caustic which is less painful than might, *a priori*, be supposed.

Direct cauterization is also the most appropriate treatment for gonorrhœa of the cervix uteri, a disease which, in the chronic state, is difficult of discrimination, and is interminable if left to the unaided efforts of nature.

Leucorrhœa is a disease, or more correctly a symptom, connected with gonorrhœa by one indication common to both, viz. a morbid discharge which may be the evidence of uterine or of vaginal catarrh. The mere aspect of the secretion betrays its origin. The liquid supplied by the cervix is transparent and resembles melted glass; that which comes from the vagina is on the contrary of milky whiteness. Doubtless an exaggerated secretion of the uterine glandules is frequently but the first symptom of metritis, but it may exist alone, apart from any other sign of inflammation. Vaginal secretions are said to be acid, uterine fluids alkaline; but Mr. Guérin's researches do not permit him to adopt so sweeping an assertion; he has often found vaginal liquids neutral, in the absence of any inflammatory action.

Uterine leucorrhœa is not necessarily attended with pain, pruritus, or lumbar suffering, and its causes often



baffle inquiry. Irritation of the glandular structures, or the presence of a foreign body within the womb, such as a fibrous tumour for instance, pregnancy, etc., are however the most frequent exciting causes. The disease never appears before menstruation, but may be observed at any time during the period of uterine activity. A lymphatic constitution, anemia, sedentary habits, onanism, riding on horseback, sexual indulgence, habitation in damp localities are predispositions to the complaint, and certain mental conditions together with a residence in crowded cities, also render women more liable to its manifestation.

In health the os uteri is slightly lubricated by a very scanty albuminous liquid; in leucorrhœa this secretion becomes abundant, viscid and ropy.

The diagnosis is often difficult; women complain of feeling wet; the linen is irregularly stained, and stiffened as if it had been starched. To ascertain whether the secretion is supplied by the cavity of the cervix or of the womb, examination with the speculum is necessary. The extremity of the instrument should be gently pressed against the body of the uterus, while a certain amount of pressure is exercised with the hand upon the hypogastric region, a double action, the result of which is sometimes to force out of the os tinæ a fresh quantity of liquid. The capacity of the cervix is very limited, and if the quantity of secretion which thus escapes, is out of proportion with the size of that narrow passage, the observer may conclude that it has originated in the uterine cavity.

The disease is tedious and rebellious to treatment. Injections are beneficial in affections of the vagina, but do not penetrate into the cervix into which lunar caustic must be inserted. More powerful escharotics, Mr. Guérin objects to, and if the solid nitrate of silver is inefficacious, and the lining of the womb is engaged, general treatment, and especially the water-cure must be resorted to.

When uterine catarrh assumes a more distinctly inflammatory form, the secretion soon becomes streaked with pus. The patient complains of discomfort, of a sense of weight and of pain. The os uteri, under such circumstances, is found tumefied, and its cavity and that of the womb

are dilated in a marked manner. Examination with the finger is painful, the body of the viscus seems hypertrophied and genuine metritis appears imminent. The secretions soon become distinctly puriform, and if the chain of symptoms has not been attentively watched, some doubt may be experienced as to the nature of the case. Thus, after parturition, the os tinæ may secrete purulent matter, or that fluid might have originated in peri-uterine abscess, a fact which palpation of the abdomen and the history of the case will either establish or disprove.

The treatment requires active measures, and amongst others, intra-uterine injection. This is a most valuable therapeutic resource, but requires to be applied with much caution. The late Vidal, de Cassis, with whom the method originated, was in the habit of using a solution of nitrate of silver. Mr. Hourmann lost a patient in a few hours, from acute peritonitis, after having injected into the womb an infusion of walnut-leaves, the effects of which are more enduring, and therefore more dangerous than those of the nitrate. Mr. Guérin prefers a weak solution of the latter, of about one grain to the ounce of distilled water. The canula inserted into the os uteri must be loose within its cavity, a circumstance of the utmost importance; any neglect in this respect might lead to the most fatal consequences. It should also be remembered that some women are suddenly seized after this kind of injection with excessively violent uterine and abdominal pain, and that it is desirable to have a hip-bath ready prepared, in which they can be placed immediately after the operation. With these precautions, the uterine injection is a highly valuable resource and may be said to be divested of almost all its dangers.

## MEDICAL CORRESPONDENCE.

ART. 6085. — A FEW WORDS ON THE REGENERATION OF BONE. — The circumstance which has caused me most surprise, in perusing all the publications, dissertations and discussions on this subject, is the facility with which all previous teachings of our masters are forgotten.

Professor Boyer died but a very few years ago. His *treatise of practical Surgery*, a popular and classical work, is still in the hands of all the prac-



tioners educated in that school in which Dupuytren's genius alone could rival the experience and strong common sense of him who was familiarly and affectionately called *le Père Boyer*; now if that treatise be consulted at the chapter Necrosis, the alleged recent discoveries will be found *in extenso*, whether they refer to the mortification of the shaft of long bones or the destruction of the spongy textures of flat bones.

All the circumstances of the reproduction of bone by the periosteum are carefully enumerated, according to the origin, extent or depth of the mischief.

“ When the periosteum of both surfaces of a bone has been spared.... it inflames, the vascular net-work becomes more apparent, the thickness of the membrane increases, it parts from the modified structures, and the interval is immediately filled up by a gelatinous, or more properly an albuminous substance, at first semi-fluid and jelly-like, but subsequently more consistent, and adhesive to the periosteum only. This albuminous layer becomes more compact, and opaque; red patches are soon discernible and it blends with the enveloping membrane from which it can no longer be distinguished. In this mass, streaks, and layers of bony deposit, at first sparse and disseminated, are, after a time; visible; they increase in number and close with each other; the thickness and density of the mass daily become greater, and at the same time it is deflected and swerves from the mortified bone; for a long time it can be readily cut through, and the surface of the incision presents a cellular mixture of solid, and apparently fleshy aspect; the osseous structure at last shows itself unmistakeably; *a new bone has been formed* and the surface corresponding to the mortified fragment remains covered with a thin layer of soft texture which replaces the internal periosteum.”.

Pages 431, 432 ( 3rd. edition, 1822).

“ When the periosteum has mortified, and the medullary membrane is preserved.... the latter inflames, swells and thickens; its tumefied cellular structures become identified with their common envelope, which separates from the inner surface of the bone, the intervening space being filled up by an albuminous secretion similar to that already described under the periosteum in analogous cases.”

“ If the medullary membrane is destroyed with the adjacent bone, the periosteum remaining healthy, the latter inflames, swells, and becomes the seat and the organ of reproduction, presenting the phenomena above mentioned in cases of the same description.”

Pages 436-437.

“ How are we to explain the singular fact of the reproduction of bone, when we know that nature never replaces any other organ partially or totally destroyed? ”

Page 441.

After these quotations, Mr. Flourens's proposition : " Remove a bone and preserve the periosteum, and the latter will reproduce the bone ", would seem to have lost all character of novelty. The illustrious Professor of La Charité, who, in his chapter on necrosis, describes so lucidly and with so much detail the procedures resorted to by nature in the very various cases of reproduction of bone, and lays down with such perfect accuracy the rules by which the surgeon is to be guided in the removal of the sequestrum, did not lay claim to the credit of being the inventor of this interesting part of surgery, and although he mentions no names, he alludes to the methods adopted by his predecessors.

It is, however, extremely probable that the function of the periosteum in wounds was not known to old surgeons, for we read in Fabricius Hildanus, an acute observer, that the denudation of bone does not invariably cause caries (which he did not distinguish from necrosis); and in the instances recorded by him of injuries of the skull with detachment of the scalp, he does not notice the condition of the pericranium.

The brilliant operation performed by Mr. Maisonneuve, who removed the mortified shaft of the tibia, is recommended by Boyer in the chapter we have quoted from. The *modus faciendi* however differs. The incipient ossification of the periosteum met with by Mr. Maisonneuve was already fully prognosticated and described; of course we would not be understood to cast the slightest slur on the wonderful dexterity of the operator.

" The new cylinder, in which the sequestrum is inclosed, must be divided on that side which presents the widest and most numerous apertures."

Page 562.

" .... For this part of the operation a strong-bladed knife, the gouge and mallet, various kinds of trephines, small saws, etc. have been proposed."

" A trephine, of a diameter proportionate to that of the sequestrum, acts in a far more gentle manner, and is much preferable to any other instrument."

" The sequestrum once removed, the operation is concluded;... suppuration will subsequently in a short time reduce the swelling of the part."

Page 455.

Mr. Maisonneuve's procedure widely differs from that recommended by Boyer. By dividing at once the soft parts and the periosteum, Mr. Maisonneuve shortens the duration of the operation, and refrains from destroying any part of the regenerating cylinder. This is a decided improvement on the old method, but is obviously applicable only while the periosteum still preserves a sufficiently soft consistency to admit of being incised.

The scientific question has therefore long since been settled. It may perhaps be alleged that Boyer has treated of the regeneration of bone



after necrosis only, and that he advises the sequestrum to be removed after much procrastination, when it is completely detached and has been reduced in size by absorption, its extraction being then of easier performance and less injurious to the parts through which an issue for its passage must be artificially made. But no surgeons will venture to assert that they can remove a sequestrum before nature has assigned limits to the mortification; as to the second part of the precept, Mr. Maisonneuve's procedure sets it aside.

We may further be told that the question involves not only the removal of diseased, but of healthy bone which will be restored if the periosteum be preserved. This is a problem, perhaps interesting to those who seek in experiments on living animals the secret of the osteogenic process, but really appears of less than secondary importance to practical surgery.

Let us however conclude with a hope that the eminent physiologist, who has revived the subject of the reproduction of bone by the periosteum, will be enabled to light upon some novel principles which will, in the end, be profitable to physiological or pathological science.

DE CHILLY, M. D.,

*Physician of the Hospital of Vaucouleurs (Meuse).*

ART. 6086. — COMBINED USE OF DIGITALIS AND BELLADONNA FOR THE MANAGEMENT OF IRREGULAR ERUPTIONS. — The following letter has been received from Dr. Durac, one of our subscribers in Louisiana, who has already favoured us with several interesting communications :

Sir,

Article 5955 of your Journal reproduces formulas which have been approved of by the profession, for the treatment of measles and scarlatina.

As I have not tested these preparations in the cases alluded to, I shall express no doubts as to their efficacy; but I take this opportunity of acquainting you with the means I have used with unvarying success for twenty years for the same diseases.

I shall not enter on the question of the causes which delay or interfere with the eruption of measles; such is not my object; I will merely state that when consulted for a patient under the influence of an eruptive epidemic, after taking due note of the age and constitution of the subject, of the complications which may have arisen, and more especially of the progress of the eruption, I institute the treatment, with few exceptions, as follows :

If inflammatory action is predominant and the patient is vigorous, the lancet and leeching at the ankles are put in requisition.

At the outset of the disease I, usually, merely prescribe diluent beverages, such as violet, borage or elder flower-tea, with a tea spoonful of sweet-spirit of nitre for every pint and a half of fluid.

In general the friends of the patients are dissatisfied unless active measures are adopted, although in mild cases nature may be safely trusted to bring matters to a favourable issue.

I should however add that in this climate we are, habitually, very sparing of the blood of our patients, experience having proved that, although venesection may be useful in some instances, it is seldom necessary.

The damp and relaxing climate of Louisiana, moreover, agrees ill with phlebotomy, which is often, as I can assert from personal observation, extremely useful in France.

When the eruption is delayed or altogether deficient, or when from any cause it has been suppressed by metastasis, I prescribe, for instance for a child aged two years :

R. Pulveris Rad. Belladonnæ. . . . .	$\frac{1}{2}$ gr.
Fol. digital . . . . .	1 gr.
Ipecacuanhæ. . . . .	2 $\frac{1}{2}$ gr.
Rhei pulv. . . . .	5 gr.

M. Divide in pulveres sex.

One powder to be taken every hour; if the child is fractious, and takes his medicine with difficulty, I substitute for the above :

R. Syrupi belladonnæ . . . . .	4 dr.
— digital. . . . .	1 oz.
— ipecacuanhæ. . . . .	4 dr.
— cichor. . . . .	1 oz.

To be taken in tea spoonfuls every hour. The doses may be more frequently exhibited if necessary, and the effects of the remedy are more prompt. The cough subsides, the restlessness decreases, and after three or four tea spoonfuls, the countenance becomes red, the blush spreads to the body which is soon covered from head to foot with an eruption, artificial it is true, but capable of misleading the most practised eye as to its nature, and always followed by the regular appearance of measles.

The erubescence is perhaps the result of the toxic action of the medicines; but the explanation is of slender importance, as I can adduce upwards of two hundred cases in which this method has always been successful and never caused any evil consequences.

The great objection to this treatment is that it revives the agitation



which it at first tends to allay, and sometimes induces slight cerebral excitement indicated by laughter or an expression of alarm, and almost invariably by considerable itching of the nose and of the entire surface occupied by the eruption; but these symptoms, quite without danger, in general yield to spontaneous emesis or to action of the bowels.

The treatment is the same, whether the case be one of measles, scarlatina or any other eruptive fever, whenever the important symptom, the eruption, is tardy or checked in its development.

The prescription above recommended may be persevered in until the eruption has fairly broken out, or may be discontinued at will, and afterwards resumed if necessary. This is the course I have followed in an immense number of cases. Of course I would not be understood to assert its infallibility, but I merely state a fact which I am desirous of submitting to others more experienced than myself, who might perhaps discover the true nature and appreciate the degree of importance of this artificial eruption which can be induced at pleasure and without risk.

The digitalis and belladonna powders are more promptly efficacious than the syrup.

When these substances are exhibited separately, the results I have described do not follow; large doses are required to induce the appearance on the face even of a few red patches. Congestion of the face in the first hours, followed by extreme paleness, is more frequent than an eruption on the integument.

The effects above pointed out are therefore referrible to the combined action of the remedies.

DURAC, M. D.,

*Thibodaux, Louisiana*

(Confederate States of America.)

ART. 6087. PARALYSIS OF THE RIGHT ARM AND ATROPHY OF THE DELTOID MUSCLE RAPIDLY CURED BY THE COLD DOUCHE. — In January last, Mr. H..., a gentleman employed in an important commercial establishment, in Paris, caught cold while leaving a ball-room, and on awaking next morning found himself in so much pain as to be obliged to remain in bed.

Dr. Brugère prescribed for this rheumatic affection sulfate of quinine, blisters, and other usual remedies.

In a very few days considerable improvement took place; and in a short time the patient entirely recovered the use of his limbs, with the exception of the right arm which he was unable to move. Very little feverishness existed, the appetite was fair, and the legs had resumed their functions; the right arm alone remained powerless, and when compared to the left, seemed even to have diminished in size.

Stimulating embrocations were unavailingly resorted to. The patient,

who for three months had been compelled to desist from his occupations, wearied with the persistency of the disease, agreed with Dr. Brugère to apply for advice to Mr. Jobert de Lamballe at the Hôtel-Dieu.

The Professor pronounced the case to be one of paralysis of the arm, with atrophy of the deltoid muscle and recommended the water-cure as the most appropriate treatment; by his advice and that of Mr. Brugère, Mr. H. placed himself under my care on the 15th of April.

At this period, the following notes were taken of the case :

No precedents deserving of attention are traceable in the patient's family. Mr. H., aged twenty-three, is of a bilious temperament, and his general health is satisfactory. The right arm, compared with the left, is distinctly smaller. A marked depression is noticeable in the shoulder, the deltoid muscle being flattened instead of presenting its usual rounded appearance. Rotation and supination of the limb cannot be effected; the movements of the hand and fingers are unimpeded, and common sensation is not impaired. Mr. H... however complains of a sensation of cold which extends from the elbow to the shoulder.

These symptoms established the diagnosis beyond doubt. The case was one of paralysis of the arm, with atrophy of the deltoid, consequent on muscular rheumatism. This disease having entirely yielded, general hydropathic treatment would have been unnecessary, and local measures appeared sufficient to remedy merely local injuries. I proceeded therefore as follows :

On the 19th of April, I carefully directed upon the anterior and posterior aspect of the shoulder and more especially on the deltoid, a jet-douche with water at 50° Fahr., during four minutes. This remedy was daily repeated. Up to the 25th April, its effects were scarcely perceptible, but from this date a favourable change gradually set in. The sense of cold, which the patient had complained of as very distressing, almost entirely disappeared. On the 4th of May limited movements of supination were performed with some effort. On the 7th of May the hand was raised to the head, on the 15th the patient combed his hair himself, and considering himself cured, ceased the treatment on the 20th of the same month, and since then has enjoyed perfect health.

The rapidity of the improvement in a case usually obstinate shows the power of hydropathy. The succession of refrigerating douches produces a shock analogous in its effects to shampooing, but more powerful, and actively stimulates the nervous and capillary structures. I refrain from any attempt to explain the superiority of the water-cure for the above purposes over other medications, but experience clearly demonstrates it, and facts, we must all allow, are stubborn things.

EM. DUVAL, M. D.,

*Director of the hydropathic Establishment at Chaillot.*



## SCIENTIFIC MISCELLANEA.

ART. 6088. — TREATMENT OF IRITIS (1). — Depletion, antiplastics, mydriatics and sedatives are the principal agents of treatment in active congestive iritis. Absolute rest, and strict diet, protection against strong light, whether natural or artificial, are necessary, and undue pressure over the eye-ball must be avoided. Tepid are preferable to cold lotions, and better agree with the tenderness of the organ.

*Depletion.* — When iritis is unusually acute, depletion must be liberally resorted to; too much reserve in this respect can only be injurious. Any termination, other than resolution, is fatal to the important function imperilled by the disease.

In no other inflammation of the eyes is blood-letting so beneficial as in iritis. The complaint can be mastered with certainty but by reiterated loss of blood. I have seen patients utterly deprived of sleep, who recovered their rest immediately after being bled. Mr. Mackenzie justly prohibits scarification of the conjunctiva as always useless, and sometimes detrimental, but I have derived much benefit from the repeated application of a small number of leeches, the bleeding of the wounds being encouraged by artificial means. Occasionally phlebotomy followed by leeching is extremely advantageous.

*Antiplastics.* — Mercurials are here as powerful as in peritonitis. The iris and the peritoneum secrete coagulable matter under the influence of inflammation; hence the subsequent adhesions observed in either, and the analogies existing in the morbid anatomy of these complaints, directly point to the adoption of a similar remedial agent for the cure of both. Mercurial inunction and alterative doses of calomel I exclusively recommend. I have observed that the pain yields simultaneously with the first symptoms of salivation.

*Mydriatics.* — Some years ago, Dr. Gerhard expressed himself as follows in the *Gazette médicale* of Strasbourg: "The use of belladonna in iritis has now become universal. The practice is so common that any discussion on the subject would be superfluous: many practitioners prescribe belladonna as a matter of course, without a thought as to its direct or indirect agency."

The expediency of the use of this remedy in iritis is however an important question of therapeutics, not undeserving of some attention.

Mydriatics are appropriate in acute iritis, when the inflammation is

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(1) The following pages, extracts from Dr. Deval's still unpublished volume *On diseases of the eyes*, are communicated by the author.

not of an extremely violent character, when the texture of the iris is but slightly altered, and when the field of the pupil is obstructed by a thin secretion. Dr. Rouault justly remarks that these agents are especially beneficial during the first stage of the disease; at this period the pupil is still capable of expansion, and once enlarged may in general be preserved in that condition. These medicines are also advantageous in subacute and chronic cases. In the latter, the dilatation induced is very often but partial, but even such limited expansion affords some chance of averting obliteration from plastic effusion. Posterior synechia may be prevented and frequently destroyed.

On the contrary, when iritis is of extreme intensity, the texture of the membrane deeply altered, the pupil obstructed by copious exsudation, and the pain excruciating, mydriatics are improper. They are useless, because they must fail in accomplishing their purpose, dilatation of the pupil; in ophthalmia of this description the iris remains utterly insensible to the influence of belladonna, whether instilled into the eyes, rubbed over the brow, or exhibited internally. This class of medicinal agents are further injurious, because the unavailing efforts at dilatation exhaust vital power in the iris, and generate with an aggravation of the inflammation a considerable increase of pain. At this period, therefore, antiphlogistics, mercurials and sedatives should be resorted to, and preparations of belladonna may be subsequently serviceable when the violence of the symptoms has abated. Dilatation will then be effected readily without suffering, and will prove a safe means of destroying any adhesions between the iris and the anterior part of the capsule. I have often noticed, while using the solution of atropia in the second stage of the treatment, that the pupil expanded without effort, that no posterior synechia existed, although for some time previously many signs seemed to indicate the organization of abundant plastic exsudation.

The above precepts are not the mere result of my personal experience, but are derived from the practice of the most eminent professors. Prof. Jæger, for instance, expresses himself as follows: "Mr. Pauli, of Landau, informs us that we are indebted to Dr. Emmerich for the removal of the generally adopted, but erroneous view of the utility of belladonna in the treatment of iritis. Many recent observers, abandoning this exploded notion, have adopted the opinions of this learned author (1)."

A physician consulted me for a most serious inflammation of the left cornea and iris, which had entailed central leucoma and abundant exsudation in the pupil. When I was applied to, the acute symptoms had subsided, and vision was destroyed in the left eye. I proposed frequent instillation of a solution of sulphate of atropia, calculated partially to expand the

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(1) *Deutsche Klinik*, October 1853, N° 43.



pupil, lacerate a few of the adhesions, and perhaps restore sight in some degree. On the bare mention of the remedy, the patient objected: "I cannot use it," said he, "it has already caused me too much pain, and has done me no good whatever." I urged him to give it another trial. The collyrium now induced no suffering whatever, the pupil became free in some parts, especially near the temple, and the faculty of seeing objects presented before the translucent portions of the cornea was restored. This case appositely illustrates the doctrines we have sought to establish. In one stage of the disease, atropine increased the pain, and did not succeed in preventing the accumulation of plastic deposits in the field of the pupil, because its use was premature; but when at a later period it was resorted to, beneficial effects were obtained.

I should add that there can be no objection to the use of belladonna during the acute period of iritis, not as a mydriatic however, but as a local sedative, in small doses and in frictions over the brow.

*Sedatives.* — In the treatment of this disease, the removal of pain is a most important indication. "Any relief of the symptoms," says Boerhave, "leads to a diminution of the disease." Opium is the sedative that obtains most favour with oculists. The extract can be combined with mercurial ointment in frictions, and internally it should be prescribed with calomel. The paroxysms of pain are excessive and absolutely require the use of anodynes. Cunier had much confidence in the sedative powers of a pomade consisting of equal parts of oil of bitter almonds, and of cacao butter. We also recommend friction around the orbit with an ointment containing muriate of morphia or with a mixture of *baume tranquille* (vide Vol. I, p. 146) and chloroform, or the application of Jæger's anodyne poultices. The preparation which I have found most beneficial is Dr. Tournié's pill, consisting of one grain of valerianate of zinc, half a grain of extract of henbane, and a grain and a half of extract of opium. The dose is one pill every two or three hours; three pills in the day are usually sufficient to allay pain.

*Various remedial agents.* — Saline aperients, recommended by Ammon, alterative doses of tartar emetic, Dover's powder, sulphate of quinine, essence of turpentine, are far less efficacious than mercurial compounds, in subduing the disease, and are here of secondary importance. Counter-irritation is applicable when inflammation has in some degree subsided and displays a tendency to become chronic. Blisters applied above the orbit, and dressed with mercurial ointment have also been advised. Astringents are inappropriate, because they induce a contraction of the superficial vascular network, and subsequent increase of the ocular congestion and of photophobia.

I prescribe with much advantage, in cases of long standing, corrosive sublimate in minute doses and perseveringly continued. I have by this

medication found plastic deposits which for months had obscured the pupil, gradually decrease and even disappear altogether, although all hope had been abandoned of so felicitous a result.

*Syphilitic iritis.* — The treatment in this variety has a twofold object : in the first place, to subdue the ocular inflammation by blood-letting and the other local measures we have indicated, and in the second, to contend with the specific nature of the disease by a combination with the above remedies, of appropriate internal medicines. The patient must of course carefully guard against cold, and the diet should be low, and very moderately nutritious.

I more habitually resort, under these circumstances, to the protoiodide of mercury, in one grain pills, two or even three of which are daily exhibited. I have sometimes prescribed as many as six in the course of the day, and in several instances I have observed marked amendment under the influence of three pills of protoiodide in the twenty-four hours, and a relapse of the iritis when the dose was diminished. The improvement was promptly restored by a return to a larger amount of the remedy.

If ptyalism supervenes, I prescribe simultaneously with the mercury a four-ounce mixture containing one drachm and a half of chlorate of potash to be taken in table spoonfuls in twenty four-hours. In general the stomatitis promptly subsides, although the pills are not discontinued, both the chlorate and the mercury being then jointly persevered in. A gargle of barley-water, honey and chlorate I sometimes recommend instead of the mixture, but this is a far less efficient remedy than the above solution and is appropriate to the milder cases only.

Iritis is one of the symptoms of secondary syphilis which yields most readily to preparations of mercury, whatever be their form. The influence of the remedy is such that the most formidable symptoms of ophthalmia are sometimes checked in their progress with wonderful rapidity. In a patient under my care, whose case is recorded in the inaugural thesis of Dr. Dupré, a specific treatment of ten days' duration restored a copper coloured iris to its natural hue, and caused the disappearance of a condylomatous excrescence, which was almost in contact with the posterior aspect of the cornea.

In the chronic form of venereal iritis, I generally prefer the bichloride of mercury, the most powerful, in my opinion, of all anti-syphilitic medicines. Although the efficacy of iodide of potassium has been much extolled for the cure of the disease, when it coincides with tertiary symptoms, I seldom trust to this drug alone, but combine it with mercurials, such as the *Tisane de Feltz* and with preparations of gold.

In young subjects, Mr. Hutchinson has found mercurial frictions at bed-time, on the neck, in the axillæ or behind the ears, the most satisfac-



tory method of treatment. I recently adopted this plan with a child seven months old, afflicted with syphilitic inflammation of the left cornea and iris, with granulating papules of the labial commissures. In one week the condition of the eye was considerably improved and the papular eruption disappeared altogether. In this instance, no doubt could be entertained as to the nature of the disease, the mother being simultaneously affected with syphilitic iritis, for which she was treated as an out-patient at my consultation.

C. DEVAL, M. D.

ART. 6089. RECTIFICATION OF DIVERGENT STRABISMUS BY THE METHODICAL USE OF PRISMATIC GLASSES. — An eye affected with squinting, as our readers are aware, seldom takes any share in binocular vision; when it contributes to the function, it is but in a very limited degree, and only provided the divergency is moderate. In general the deviating eye has separate sensations, and the healthy eye alone is used by the patient.

If, under these circumstances, the image of objects seen by the healthy eye be placed before the inert organ with the assistance of a prismatic glass of an angle proportionate to the degree of the squint, both eyes will be in possession of two similar images, at the intersection of the ocular axes, and coalescence of the two figures, and subsequent visual perception of a single object will be the result.

Both eyes are thus artificially brought into simultaneous action; but for restoration of the regularity of the ocular axis nothing yet has been done. Now, if instead of the prism above described, the angle of which (at the summit) would be about double the angle of deviation of the eye, a prism is used of a slightly smaller angle, inferior for instance by 2 or 3 degrees to that of the deviation, each organ still receives the impression of the object, but not precisely at the same focus. The images are seen double, but in close approximation, crossed if the strabismus is divergent, superposed if internal.

In accordance with Wheatstone's law on binocular perspective, the tendency of the patient is to exert himself continually to neutralize the diplopia, and as, on account of the angle of the prism, the images are very close to each other, the instinctive effort overcomes their separation: they soon blend, and as this result is due to the agency of the muscles of the divergent eye, a part however small of the deviation is thus corrected.

When the diseased eye has, by uninterrupted exercise of a certain duration, say about a week, gained a little in the right direction, another prism of a smaller angle is used, and the eye is for another week compelled to fresh exertion, and after a short time, binocular association is gradually restored.

On these principles, Dr. Giraud-Teulon, formerly a pupil of the Polytechnic School, and the author of a recent treatise on the physiology and

functional pathology of binocular vision, rests his treatment of squinting in a case recorded in the *Gazette Médicale*.

On the 24th of April of the present year, a young lady, aged 17, was presented by Mr. Demarquay to Mr. Giraud-Teulon, as an instance of strabismus resulting more probably from functional than from anatomical disease. The right eye, in which existed some slight corneal opacity, was considerably divergent; the outer edge of the cornea being in contact with the external canthus, in more than 20 degrees' deviation. No *muscular retraction* was present, but some slight spasmodic movements were observed and the eye-ball moved freely from one side of the orbit to the other. In the healthy eye the visual function was perfect, but the other was decidedly myopic. Thus, in order to read with this eye alone, the patient was obliged to use a biconcave glass N° 14 (1); and to read without effort, with both eyes together, the divergent eye required the assistance of a prism (with its summit turned outwards), of 18 or 20 degrees.

From these data, Mr. Giraud-Teulon concluded that the great disparity in vision between the two organs was the cause of squinting and ordered the patient to wear glasses constructed as follows : before the left eye a plane glass N° 0, and before the right a biconcave glass N° 14, in contact by its external surface with a prism measuring at its summit (turned outward) 14 degrees.

The treatment was instituted May 4th.

Every eight or ten days, the angle of the prism was reduced by about two degrees, and the axis of the eye restored in a corresponding amount to its natural direction. A singular circumstance was then observed : in proportion as the divergency decreased, and as binocular vision was accomplished with weaker glasses, the patient complained that the sight of the sound eye was becoming shorter. Mr. Giraud-Teulon then measured the range of vision in this eye, used singly, and found it what it was at the beginning of the treatment; he again measured it, both eyes acting together, and to his surprise discovered that the originally healthy eye had become myopic in binocular association. He then resumed the treatment, substituting for the plane glass of the left eye a biconcave glass N° 14, as on the other side, and after two months perseverance, binocular vision was restored, natural *as to direction*, but *myopic* on both sides. Towards the 15th of July, the patient was even compelled to exchange her glasses for biconcave spectacles N° 12, and all further artificial rectification by means of prisms was abandoned. All that could be expected in this case was thus attained, and the patient must persevere in the use of the common lenses used by myopic persons, with the assistance of which she is enabled to perform all the duties of life.

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(1) French Scale.



ART. 6090. TREATMENT OF PERINEAL LACERATION BY THE APPLICATION OF SPONGES IMPREGNATED WITH A SOLUTION OF CHLORIDE OF LIME. — At the time that Professor Velpeau mooted before the Learned Societies of Paris the question of disinfectants, Mr. Hervieux called attention to the physiological and therapeutic effects of preparations of chlorine, and stated that wounds dressed with sponges, charged with solutions of this description, healed in a singularly rapid manner.

Mr. Hervieux has, since that period, resorted to this kind of dressing for laceration of the perineum, with the most satisfactory results; in illustration, we may record two cases, which we find in a recent publication of that surgeon in the *Bulletin de Thérapeutique*.

The first patient was a consumptive woman, afflicted with rupture of the perineum, the accident being aggravated by the presence of syphilitic ulcers of the anus and vulva, incontinence of the feces and puriform cystitis. At the inferior angle of the vulva was situated a laceration which had become the fetid receptacle of puriform discharges from the uterus and vagina, and of the contents of the intestine escaping through a rent of the sphincter muscle. The perineal rupture extended to about fifteen lines along the posterior wall of the vagina. Mr. Hervieux prescribed the Liquor Hydrarg. bichloridi, medicated baths with corrosive sublimate, and the permanent application to the part of a sponge impregnated with water containing one sixth of its weight of chloride of lime. No bandage was required to support the sponge, which the woman herself reapplied five or six times a day. In the course of twenty-four hours, the offensive effluvia emitted by the wound entirely ceased, detersion was effected, and the part assumed a healthy aspect. After a fortnight, the dimensions of the laceration decreased and were reduced by one half three days later, the incontinence of feces still persisting. On the twenty-fifth day the sore, in its widest extent, measured about seven lines, and the perineum had closed again. In a month the passage of the feces ceased to be involuntary, and a complete and permanent cure was effected in five weeks.

In the second case the same satisfactory results were attained even more rapidly; the injury, it is true, was less extensive, but the patient was also consumptive and affected with syphilis, and had moreover suffered during the first two weeks from a serious typhoid attack.

The action of this dressing, says Mr. Hervieux, will be readily understood; the sponge, inserted into the wound, remains in its place without the necessity of any accessory support, and absorbs the fetid secretions whether originating in the laceration, in the womb, rectum or bladder. On the other hand, the chlorinated water neutralizes and deodorizes the morbid fluids so completely that, if the application is carefully made, the parts are perfectly disinfected, the surface of the wound is entirely cleansed from all secretion, except the solid matter which may have escaped from

the rectum, the aspect of the wound becomes healthy, granulates freely and heals without perceptible deformity.

We should not omit to say that the liquid used by Mr. Hervieux consists of one part of chloride of lime and a proportion of water, varying between ten and fifteen parts, according to the gravity of the injury and the local susceptibility of the diseased organs.

ART. 6091. NEW PROCEDURE FOR THE LIGATURE OF THE SUPERFICIAL PALMAR ARCH. — All surgeons are aware that the gravity of the wounds of this artery is entirely out of proportion with its size. The difficulty of checking the hemorrhage arises, on the one hand, from the fact that blood is supplied in almost equal quantities by the radial and ulnar arteries, and on the other, from the number of collateral vessels given off in so limited a space. Hence, it is almost impossible for a solid coagulum to form in the divided extremities of the artery. The superficial situation of the arch, in a region so exposed as the palm of the hand, accounts for the frequency of these injuries.

In general, pressure on the site of the wound and on the principal arteries leading to the hand is at first resorted to; but the abundance of secondary hemorrhage soon compels the surgeon to secure the radial, ulnar, or even the brachial arteries, a series of hazardous operations which might be avoided, were it possible to apply a ligature directly upon the extremities of the open vessel. This precept is however seldom complied with, on account of the loose description given by anatomists of the exact situation of the superficial palmar arch.

Dr. E. Boekel, Fellow of the University of Strasburg, has recently published in the local *Medical Gazette*, some new indications which may guide the operator in his search for this artery, and permit him to secure it without unnecessarily extensive incisions.

“Place the thumb,” says Dr. Boekel, “in the greatest possible abduction, and draw a line from its ulnar edge across the palm of the hand. In front of this, which may be denominated the guiding-line, draw a second in a parallel direction, at a distance of  $\frac{1}{3}$  third of an inch nearer to the fingers, or more correctly at an equal distance between the first line and the middle cutaneous fold of the palm; this is the precise position of the superficial arch, and if the skin and palmar fascia are divided here, the artery will be at once exposed, and found reposing on a layer of fatty tissue which separates it from the nerves and tendons. No apprehension of wounding these need therefore be entertained.

“It will perhaps be alleged that no fixed rules can apply to an artery so irregular as the palmar arch; but it must not be forgotten that the anomalies alluded to refer less to the exact situation of the vessel, than to the dimensions of its supplying branches. I have performed the ligature



above twenty times, on the dead subject, guided by these rules, and have never once failed in alighting on the artery in the exact position described.

“ An accurate knowledge of this anatomical detail has another advantage quite as great as that of giving increased facility in finding the artery, viz. it supplies us with the means of avoiding it. Phlegmonous inflammation beneath the palmar fascia, at the same depth as the arch, frequently requires incision, which is never extended towards the wrist without a certain amount of hesitation. The indications I have mentioned will permit the surgeon to use the knife with more boldness and at the same time with greater safety, and they have already done me good service for this purpose. ”

ART. 6092. LIGATURE OF THE INNOMINATA. — We read in the *Gazette hebdomadaire* : Ligature of the *arteria innominata* is an operation which French Surgeons agree in rejecting; out of thirteen instances in which it was resorted to, not a single patient recovered. On one occasion, Mr. Liston took up separately the right common carotid and the subclavian; the case terminated fatally. Liston's operation was a second time performed by Mr. Cuvellier on a soldier wounded at Magenta; again the issue was death. Despite the discouraging results hitherto yielded by ligature of the innominata, Mr. E. S. Cooper (of Saint-Francisco), has recently added two more units to the melancholy list of failures.

In Mr. Cooper's first case, the aneurism occupied the origin of the carotid and of the right sub-clavian arteries. An incision was performed, four inches in length, parallel to the superior edge of the clavicle, and extending from the sterno-clavicular articulation to the anterior margin of the trapezius. A second incision ran from the sterno-mastoideus to the centre of the first. The heads of the sternum, and of the collar-bone were both removed, and the ligature was applied at ten lines from the aorta. For five days, the patient seemed in a satisfactory condition, but dyspnœa supervened and he died nine days after the operation.

In the second case, the patient perished five weeks after the ligature, from exhaustion induced by repeated hemorrhage.

Although no details are supplied as to the condition of the vessels, analogy seems to point here, as in the other cases, to the peripheric extremity of the artery as the source of secondary hemorrhage. The anatomical preparation of the arteries of the neck, in Mr. Cuvellier's case, is deposited at the museum of the Military Hospital of the Val-de-Grâce, and shows that the central extremity of the subclavian and carotid was obliterated, whereas the distal end of the former blood-vessel

remained open, after the reestablishment of collateral circulation in the arm and wrist. Perhaps in future cases of aneurism of the innominata, Brasdor's method may be resorted to, assisted by coagulating injections; but the unfortunate results of the fifteen cases on record of ligature of that vessel will probably deter prudent practitioners from such an invariably fatal procedure.

## PRESCRIPTIONS AND FORMULAS.

ART. 6093. STRUMOUS OTITIS WITH CHRONIC DISCHARGE AND PERFORATION OF THE MEMBRANA TYMPANI; MR. TRIQUET'S PRESCRIPTION.—Otorrhœa, whatever the age of the patient, is not unfrequently the consequence of scrofula; in sixteen cases of strumous otitis, Mr. Triquet found that the age of nine of the subjects ranged between twenty-seven months and thirty years, and that the seven others were aged between thirty and fifty. Even at a more advanced period of life scrofula may be suspected to exist. As proximate causes of idiopathic otorrhœa, we may mention internal or external inflammation of the ear, catarrhal, phlegmonous or periodical, irritation of the membrana tympani, foreign bodies or polypi in the organ, etc. The practitioner's first care in such cases is to examine attentively the ear with a probe, a reflector and a speculum auris, in order to acquire some knowledge of the existence of the membrana tympani, of its condition, and in case it has been destroyed, to ascertain if a fungoid growth may not be implanted on the petrous bone, etc.

A man aged thirty-six, the son of scrofulous parents, from whom he had inherited the same morbid predisposition, had for four years been affected with otorrhœa, in consequence of a cold caught while hunting, and on inspection of the ear, the membrana tympani was found to be perforated, but neither fungus nor caries were present: neuralgic pains and deafness were the only complications. Mr. Triquet, who was consulted, recommended the application of one or two issues in the neighbourhood of the mastoid on the diseased side, and prescribed 15 grains of iodide of potassium to be taken daily in two doses morning and evening, in a cup of infusion of gentian; also an aloetic pill occasionally, and saline and iodated baths. It was also agreed that when the issues were fully established, the discharge from the ear should be modified, if possible, by medicated injections.

Under the circumstances described, Mr. Triquet conceives injections of nitrate of silver to be more injurious than serviceable, nor is he partial to injections with solutions of sulphate of zinc, although these are approved of by Saunders.

Tincture of iodine, at first with an equal quantity of water, and gradually less and less diluted, has been found occasionally useful as an injection.



Mr. Triquet now, however, prefers the following solution, which in many instances he has found highly beneficial for external and internal catarrhal otorrhœa :

Aq. Rosæ . . . . .	unciam
Cupri sulphatis . . . . .	gr. 15
<i>M.</i>	

To be heated in a water bath morning and evening before injection.

In obstinate cases, Mr. Triquet touches the diseased surface with a probe envelopped in cotton impregnated with liquid chloride of zinc, or with sesqui-chloride of iron (28° areom.), the above injections being simultaneously persevered in.

This treatment requires much prudence, and must be modified to meet the symptoms which may intervene. If, for instance, in consequence of too sudden a cessation of the chronic discharge, violent neuralgia appears, and *à fortiori* if cerebral symptoms of any importance should arise, the astringent injections must at once be discontinued, and the otorrhœa revived, either by the application of new bread from the oven, as recommended by Itard, or by stimulating injections with :

Aquæ. . . . .	uncias 8.
Hydrarg. bichlor. . . . .	gr. 3
<i>M.</i>	

Counter-irritants, aperients, and diaphoretics should, at the same time, be resorted to. Otorrhœa, says Mr. Triquet, can be safely suppressed, but with wise deliberation, in order to avoid the dangerous complications to which the patient is exposed.

## ART. 6094.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Mr. Chevreul presented an analysis of a paper by Mr. Leclaire : *On the influence of essence of turpentine on the health of painters and of persons inhabiting newly painted apartments.* The result of the writer's experiments and observations is that the emanations from oil of turpentine used in painting, in well ventilated rooms, are dangerous neither to painters, nor to persons inhabiting such apartments; that paint, when dry, ceases to be dangerous, though even no current of air may exist.

But what seems of more direct scientific and hygienic interest is the happy

idea which occurred to Mr. Leclaire of ascertaining, whether the vapours emitted by paint containing essence of turpentine are soluble in distilled water. Now he not only ascertained that such is the fact, but also that they then give rise to elegant crystals. This result shows what may be expected from the water of wet hay introduced into newly painted apartments.

Mr. Leclaire has established that analogous crystallizations are produced when the paint has been diluted with essence of lavender or of benzine, instead of essence of turpentine.

Finally he shows that water absorbs nothing, when paint is dry : hence water absorbing vapours but during the evaporation of the essence, paint ceases to be dangerous when dry, agreeably to his first conclusion.

— Mr. Fournier, of The Aude, has submitted to the examination of the Academy an apparatus intended to pulverize medicated liquids in the fauces or larynx. This instrument, the mechanism of which is both ingenious and simple, has been applied with advantage by the inventor for several months in various affections of the larynx, in angina, hypertrophy of the tonsils, etc.

— A short communication from Mr. Demeaux was read to the Academy on the simultaneous use of calcined alum and extract of rhatany in the treatment of diabetes mellitus.

“ For several years”, writes Mr. Demeaux, “ I have treated diabetes mellitus by the exhibition of extract of rhatany and calcined alum mixed in equal proportions, and have obtained encouraging results. I have had occasion to observe the disease at different stages of its progress, and likewise in different degrees of intensity. In almost all I have remarked that the use of the medicines in question considerably improved the principal symptoms. In other cases, in which diabetes was not yet sufficiently characterized to admit of a formal and precise diagnosis, I have seen patients recover their original health in a few weeks.”

— Another communication on therapeutics was made by Mr. Bobœuf, the author of a paper on the alkaline salts of phenic acid. This experimentalist ascertained that soluble alkaline phenates (of soda, or potash), applied at 5 or 10 degrees with compresses to wounds made by sharp instruments, act most energetically as hemostatic agents and instantly check hemorrhage.

These new salts have, according to Mr. Bobœuf, other properties, some of which were already recognized in phenic acid, as may be seen by Mr. Lemaire's letter, recently published in our Journal (Art. 6067).



Diluted solutions of soluble alkaline phenates, all aqueous solutions of phenic acid and those of saponifiable oils, of vegetable and mineral essential oils, cure the itch and all analogous affections. The metallic phenates, especially the phenate of mercury, are destined to render immense services to therapeutics, and phenated carbon will often prove a powerful auxiliary in medicine. Essential oils, obtained from ligneous matters (lint, rag, paper, etc.), extracted in the form of vapour by means of the *pipe*, and agitated with water for the purpose of obtaining the aqueous solutions of essential oils, will be of much service to soldiers during campaigns, to prevent inflammation or mortification of wounds.

ACADEMY OF MEDICINE. — Dr. Lavau, of Birac called the attention of the Academy to the importance of sulphuret of lime in the regeneration of bony substance.

Mr. Lavau observed, more than twenty years ago, that this agent, diluted in olive oil and used in frictions to destroy itch, induces enlargement of the joints of the fingers. This remark led him to prescribe frictions with sulphuret of lime on the head of ricketty subjects whose fontanelles were excessively large, or persisted beyond the normal period, and he obtained with surprising rapidity the ossification and obliteration of these membranous apertures.

Mr. Lavau therefore surmises that the same treatment may perhaps be also applicable to the secretion of the periosteum in the great process of the reproduction of bone.

— Mr. Gueneau de Mussy read a paper on the use of arsenical baths in the treatment of rheumatic gout.

The author distinguishes patients affected with rheumatic gout into two categories.

In some, the morbid process is obviously chronic; in others the disease is more recent, the active phenomena more distinct, nervous excitability is highly developed, or indeed the disease, although of very long standing, belongs to that species of chronic affections which seem to consist of a protracted series of more or less acute attacks, chronic by the obstinacy of the morbid process, acute by the form it assumes.

In the first case, when chronicity is clearly established, Mr. Gueneau de Mussy uses the following mixture for a full bath :

Carbonate of soda . . . .	3 $\frac{1}{4}$ oz.
Arsenate of soda . . . .	15 gr.

He rapidly increases the amount of arseniate to 30 gr. which he rarely exceeds.

In the second case, if the effects of previous stimulation are to be appre-

hended, he uses arseniate of soda alone at the dose of from 15 to 45 gr. in a common or a gelatinous bath.

This treatment has produced the following effects : in several instances the patients have, during the first baths, complained of pain in the diseased joints ; almost all have experienced, on leaving the bath, an unaccustomed feeling of relief, of comfort, and aptitude for locomotion.

In some few, after the first baths, diarrhoea or nausea ensued. Others manifested phenomena of transient excitement, agitation, and sleeplessness. These symptoms were more marked when the baths contained carbonate of soda, and in some patients, a cutaneous congestion was observed characterized by erythematous eruptions.

No trace of arsenic was ever detected in the urine.

In the early stages of this medication, a bath every alternate day, and subsequently a bath every day, with occasionally a day's rest, was prescribed.

The duration of the treatment was subordinate to the effects produced. One of the patients took as many as sixty baths.

Concomitantly with the arsenical baths, Mr. Gueneau de Mussy exhibited a decoction of guayacum and a mixture containing from 10 to 15 gr. of extract of cinchona, and from 5 to 15 gr. of iodide of potassium. The author observes that this mixture, used alone for fifteen years, had given no beneficial result.

Mr. Gueneau de Mussy has also successfully tested this treatment in all forms of chronic rheumatism, in various species of neuralgia, in a case of rheumatic paraplegia, and in certain chronic affections of the skin.

— Dr. Duchesne read a memoir entitled : *Painters' colic in enamellers of iron, and the means proposed to preserve them from this disease.*

The author summarizes his paper in the following propositions :

The oxide of lead, which enters into the composition of the crystal or is added to the substances destined to form the enamel, may occasion painters' colic.

It is now perfectly ascertained that these symptoms are as frequent among men as among women.

The enamel-powder penetrates into the system both by the respiratory organs, and by the saliva into the digestive organs.

If the poisonous matter can likewise be absorbed by the skin and contribute to the development of the disease, it does not appear demonstrated, by the cases on record, that this mode of absorption alone can suffice; hence the object of preservatives should be specially to prevent absorption by the respiratory and digestive organs.

By using Paris's mask or Engles's apparatus, which Mr. Duchesne laid before the Academy, painters' colic may be rendered very unfrequent, if not completely impossible, in enamellers of iron.



— A remarkable paper by Professor Semmola of Naples, on the nature and causes of albuminuria, was read at the last meeting of the Academy.

In Mr. Semmola's estimation, the escape of albumen in the urine by no means implies a morbid condition of the kidney. Whatever be its cause, albuminuria never originates in a diseased state of the kidney, with the exception of simple nephritis. But although albuminuria may not be necessarily connected with an impaired state of that viscus, yet it is not the less true that, in the end, the escape of albumen is capable of causing, in the renal tissue, changes which, beginning by congestion or desquamation, may end in granulation and complete disorganization. There is not therefore, there cannot be a definite number of renal alterations in idiopathic albuminuria. The organ daily wears out more and more, and every day a difference might be found in the organic disease of the kidneys, could it be watched in all its stages.

Mr. Semmola ascribes the origin of albuminuria to the condition of the blood. In all these cases, rigorous observation has shown him that the disease originates in more or less perturbation of the functions of the skin. Albuminuria can be traced to all the causes which influence the activity of the integument. In the foremost rank and as a special cause stands the slow action of cold and damp. The true primary cause of Bright's disease is to be found in the study of rheumatic influences on the skin and to the same cause should be referred the albuminuria observed in acute cutaneous affections (scarlatina, measles, etc.).

The numerous treatments hitherto prescribed, either as symptomatic or radical medications, are utterly unavailing. The secret of the cure of patients in albuminuria consists in this principle : to promote the activity of the functions of the skin, and restore the organ. Now the safest, the most natural means of modifying the morbid state of the cutaneous surface is hydropathy. The author states that he has obtained from this method results so remarkable and effects so constant, that he esteems himself most happy to lay them before the Academy.

## BIBLIOGRAPHY.

ART. 6095. *Traité clinique et pratique des fractures chez les enfants* (Clinical and practical treatise of fractures in children), by A. Coulon M. D., late house-surgeon of the Hospital Sainte-Eugénie, revised by Mr. Marjolin (1).

Surgery, as applied to children, being in general similar to that applicable to the adult, it is not surprising that medical literature should,

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(1) 1 vol. 8vo. Savy, 20, Rue Bonaparte.

in this respect, be comparatively poor. It cannot however be denied that in infancy some diseases, denominated surgical, differ from those of the adult. Injuries of the bones in particular have a special character, due to the general conditions of the system in infancy; in fractures, for instance, the most common of such injuries, the periosteum is less resistant, the bone less friable; solution of continuity is oftener incomplete, the broken bone more easily repaired, and when consolidation is effected, the traces of fracture tend to disappear with a promptitude proportionate to the greater energy of absorption. It will be readily admitted that the treatment of fractures must be influenced by such conditions, and in endeavouring to supply this desideratum in our libraries, M. Coulon has produced a work at once useful and original.

The volume just published by this young surgeon under the patronage of his learned master is divided into two great sections. In the first, the author examines the subject in general; in the second, fractures seriatim. The entire book, as its title indicates, is essentially composed in a clinical and practical point of view. Neglecting details connected with pure theory or pathological anatomy, Mr. Coulon deems it more useful to the practitioner to know at what time he may remove the dressings, or permit his patient to walk, than to know the opinions of authors on the origin and transformation of callus, although this study is not devoid of interest to the learned.

Mr. Coulon especially endeavours to point out the peculiarities of fractures in children. He most carefully expatiates on the diagnosis and treatment, and in support of his views records numerous cases, principally collected at the Hospital Sainte-Eugénie. Among the most interesting chapters, we may mention those devoted to incomplete fractures and to the curvature of bone in rickets, the article on the traumatic detachment of epiphyses and that on the existence, henceforth unquestionable, of fractures during intra-uterine life. The reader, in perusing the remarks on prognosis, will be struck with the rarity of unconsolidated fracture in childhood; but if Mr. Marjolin, in a practice of above twenty-five years, has not recorded a single case of persistent pseudarthrosis or considerable deformity after consolidation, it is but just to remark that the solicitude and incessant care he bestows on his little patients, powerfully contribute to these favourable results. For fractures of the lower extremities, Mr. Marjolin almost constantly uses the eighteen-tailed bandage; for fractures of the fore-arm, so common in children, the surgeon applies two splints, one on the anterior aspect of the arm, and extending to the extremity of the fingers, the other on the dorsal face and not reaching below the wrist. Mr. Marjolin, like Mr. Guersant, makes but little use of the starch bandage. As soon as the existence of a fracture is ascertained, he places the limb in a groove, or a splint bandage properly



tightened, or merely between two lateral cushions. The end proposed by these very simple measures is to prevent motion, which is very painful, and daily experience confirms the superiority of this practice. No precise rule obtains as to the exact time at which the apparatus should be removed. The surgeon must visit his patient twice a day at first; if pain be present, if the extremities are swollen or have not their normal colour, the dressing must be changed in order to avoid mortification, which too frequently occurs. The starch bandage must not be applied until sufficient consolidation has taken place to secure the patient against displacement of fragments or shortening of the limb. At an earlier stage, Mr. Marjolin considers the use of immovable bandages dangerous, and he attributes to their premature application the frequent irregularity of the callus, observed since this description of dressing has been introduced into practice.

Mr. Coulon's book is based on more than a hundred and fifty cases, and includes nearly all the varieties of fracture, and for each the author conveys information, which cannot fail to prove interesting.

## ART. 6096.

## MISCELLANEA.

The following are the principal appointments in the Legion of Honour made in the profession or among men of science.

*To the rank of Commander* : Messrs. Milne-Edwards, Dean of the Faculty of Sciences of Paris, Geoffroy Saint-Hilaire, Director of the Museum of Natural History.

*To the rank of Officer* : Messrs. Laugier, Professor of the Faculty of Sciences of Paris; Delafosse, Professor of the Faculty of Sciences of Montpellier; Cullérier, Surgeon of the Hospital du Midi; Robinet, President of the Academy of Medicine; Jean Lagrave, second-class full Surgeon of the Polytechnic School; and 7 other Army surgeons.

*To the rank of Knight* : Messrs. Chassaingnac, Surgeon to the Hospital Lariboisière; De Kergaradec, member of the Academy of Medicine; Constans, Inspector General of Lunatic Asylums; Bousson, Surgeon of the Imperial Blind Asylum; Regnault, Professor of the Faculty of Medicine of Paris; Bauchet, Fellow of the Faculty of Medicine of Paris; Rameaux, Professor of the Faculty of Medicine of Strasburg; Bourbon, Secretary of the Faculty of Medicine of Paris; Berthelot, Professor of the Superior School of Pharmacy of Paris; Duméril, Professor of the Museum of Natural History; Devilliers, Physician to the Paris and Lyons railway, Nivet, author of several works on public health; 31 other military or civil physicians or surgeons; 4 apothecaries and 3 veterinary surgeons.

—A local Society of Mutual Assistance, connected with the General Association, has just been constituted at Saint-Brieuc for the Department of the Côtes-du-Nord.

—Dr. Lambron, Physician Inspector of Luchon, has presented the General Association of the medical practitioners of France with a sum of 20 l. and a further sum of 8 l. to the local Society of the Department of The Isère. The General Association has likewise received from Mr. Desmarres a donation of 24 l.

—The Emperor has authorized the erection of a statue to Baron Larrey, Chief-Surgeon of the Armies of the first Empire, in the city of Tarbes, in which he was born.

—The town-council of Amiens, desirous of testifying its respect for the memory of Duméril, has decided that an inscription shall be placed on the house of the Rue Saint-Remy, in which he was born, the 1st January 1674 and that a street, about to be opened to circulation in the centre of the town, shall bear his name.

—After a brilliant competition, Doctors Vidal, Laboulbénie and Chauffard have been appointed physicians of the hospitals of Paris.

—The *Union pharmaceutique* acquaints us with an unknown property of chloroform, for the discovery of which we are indebted to Mr. Grave. According to this experimentalist, by mixing chloroform in certain proportions with tincture of aloes or of gentian, solutions of sulphate of quinine, etc., the bitterness of these substances is entirely removed. Mr. Grave leaves it to clinical observers to decide whether, by modifying the savour of the medicines, chloroform does not at the same time impair their properties.

—Mr. Gobley has just been appointed a member of the Academy of Medicine, Section of Pharmacy.

—Dr. Andouyt is appointed Physician Inspector of the mineral waters of Challes in Savoy.

—Dr. Dubiau has just been appointed Assistant Physician to the Asylum of Bordeaux.

—The *Siècle* contains the following account of the School of Pharmacy :

“The School of Pharmacy, about to be displaced by the improvements in the Rue des Feuillantines, was at first but an appendage to the Hospital created by Nicholas Houël, Grocer-Apothecary in 1576. This Hospital, originally established at the *Enfants-Rouges*, near the Temple, was removed



three years after, to the Rue de Lourcine, where the same Nicholas Houël purchased some ground opposite for the cultivation of medicinal, exotic and indigenous plants. Subsequently the grocers and apothecaries, who then formed but one corporation, successively enlarged these gardens, and in 1627 built for the meetings a vast edifice, the entrance to which was from the Rue de l'Arbalète. These guild-meetings continued down to 1777; but at that period, the corporation of grocers, having been separated from that of the apothecaries, King Louis XVI instituted the College of Pharmacy."

— The *Nouvelliste de Marseille* calls attention to the danger of the use of mussels, as an article of food.

The flesh of this shell-fish, from which it is proper to abstain in the present season, has induced, within the last few days, in certain persons, decided symptoms of poisoning.

Their unwholesomeness is generally ascribed to the spawn of star-fish, on which mussels feed in summer, or perhaps to their imbibing copperas from the bottom of ships stationed in the harbour.

— We mentioned in a previous number that a hospital for the reception of one hundred scrofulous children was inaugurated on the 8th of July at Berck-sous-Montreuil. The *France Médicale* has the following details on this establishment :

" This hospital, unique of its kind on the coasts of France, was begun scarcely four months since, and is now finished.

" The children, entrusted to the care of the Franciscan Sisters of Calais, have been installed in their new abode for some days past in the best possible conditions. Each of them underwent attentive examination before departure, an account of each case was forwarded by the competent physicians of the hospitals of Paris, and all the circumstances of the treatment, the effects of sea air and of salt-water baths on the system of the young patients will be described in a second statement, which will accompany each child on his return to the Paris hospital, where he will again be examined.

" The administration will thus be enabled to judge of the therapeutic value of the new resource placed at the disposal of the profession, and which had hitherto been tried in France on too limited a scale, and without any of the guarantees afforded by a really medical installation.

— At a recent meeting of the Academy, Mr. Labourdette sent in a paper on a new method for developing the size of the esculent mushroom (*Agaricus Campestris*). He prepares a bed exclusively formed of sulphate of lime, beaten down to perfect hardness, without any manure but nitrate of potash. The nitrate is buried in the sulphate, together with the spores of

the mushroom at a depth of one sixth of an inch. This done, the bed will indefinitely produce a variety of the *Agaricus*, which the author proposes to distinguish by the epithet *Gigantic*; and not without reason, since this mushroom, cultivated in the usual manner, seldom exceeds three ounces in weight, whereas by Mr. Labourdette's method it attains an average of nineteen ounces.

— Mr. Jobert de Lamballe has also communicated to the Institute some researches on the vitality and regeneration of tendinous structures. The Professor showed that the vascularization of tendons is extremely variable, especially in young subjects; that it is greater in the tendons which surround large joints and are enveloped in a double fibro-cellular sheath, than in those which are covered with a serous or mucous bag; that the blood-vessels reach the tendons through the muscles, periosteum, and sheath, and that those originating in the muscles are the most considerable.

— At a recent meeting of the Society of Surgery, Mr. Bouvier presented a man aged 39, who for thirty-eight years has been affected with dislocation of the radius on both sides; when he was six or twelve months old, these bones were displaced during a convulsive attack. Their superior extremity can be distinctly felt.

All the natural movements of the fore-arm are present, but rather less extensive than in a well formed person.

The strength of the limb is not perceptibly decreased; yet the direction of the muscles of the fore-arm being altered, the fulcrum is changed, and some of the power is inevitably wasted.

— We find in the *Revue Médicale* the following prescription for a febrifuge liniment, which is strongly recommended by Dr. Sézéric (of Saint-Barthélemy, Lot-et-Garonne) :

Ess. of turpentine. . . . .	4 oz.
Opium wine. . . . .	1 dr.
Camphor. . . . .	$\frac{1}{2}$ dr.
Oil of olives . . . . .	2 oz.

*M.*

The liniment should be rubbed in for several minutes along the spine, and the application be repeated every six hours during the apyretic interval. Dr. Sézéric, who has frequently resorted to this remedy, asserts that in a short time the return of the feverish attacks is entirely checked.

— Mr. Moreau informs the Academy of Sciences that he has succeeded



in collecting the electricity of the torpedo, by means of the gold-leaf electroscope and a condenser similar to the Leyden phial. The operation is attended with many difficulties; one of which is that owing to the humidity of the torpedo's tissues, it is in vain that the electricity is conducted to a condensing apparatus, because it instantly returns by the way it came; hence it is necessary to break all communication between the apparatus and the torpedo as soon as the discharge is effected. Now, in the case of the voluntary discharges of the animal, the operator is never in time to break the communication; the discharges must therefore be artificially produced by directly exciting the nervous system, in which instance the supply of electricity from the subject of experiment is much less considerable.

— On the occasion of the reopening of the School of Medicine, after the recess, Mr. Moquin-Tandon will read the inaugural oration, the subject being an appreciation of the works of the late much regretted Professor Duméril.

— A gold medal of the value of 16l. has been awarded to Mr. Antoine of Beaucaire, M. D. of the Faculty of Montpellier, by the Royal Academy of Belgium, who had offered for competition the following subject :

*“ Estimate the value of the various modes of treatment of cholera. ”*

— The medical profession has recently sustained two heavy losses, one of which was quite unexpected.

Drs. Piedagnel and Legroux, both Physicians of the Hôtel-Dieu, died at a few hours' interval, the former from the consequences of a long-standing organic affection, the other of carbuncle, the fatal termination of which all the efforts of art failed to avert.

— Dr. Escoffier, President of the Provident Association of the Medical practitioners of the Department of the Loire, and one of the most justly esteemed physicians of Saint-Étienne, died in that city on the 4th of August last.

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For the Articles not signed,

H. CHAILLOU, *Chief Editor.*



# ERGOTINE AND ERGOTINE SWEETMEATS OF BONJEAN,

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